

**STATE OF UTAH  
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**

**SOCIAL SERVICE WORKER,  
CERTIFIED SOCIAL WORKER INTERN,  
CERTIFIED SOCIAL WORKER,  
or CLINICAL SOCIAL WORKER**

DOPL-AP-074 REV 11/19/2003

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information will delay processing and could result in denial of licensure. Please read all instructions carefully.

**Address of Record:** The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address.

**Social Security Number:** Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

**SUPPORTING DOCUMENTS AND FEES:**

**If you are applying for licensure as a social service worker (SSW), complete the following in addition to submitting a completed application:**

1. Submit original transcripts documenting completion of the education requirements — as outlined on page 9 of this application.
2. If required (see note below), submit a completed “Verification of Supervised Experience for Licensure as a Social Service Worker” form (attached to this application).

**NOTE:** This form is not required if you have earned a degree from a CSWE accredited social work program, or have a master's degree in social work, marriage and family therapy, professional counseling, or psychology.

3. Submit a copy of the original score report from the testing agency documenting your passing score on the ASWB Basic Examination.

If you passed the ASWB Basic Examination in another state, use the "Request For Verification of License" form (attached to this application) to document a passing score.

Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application.

4. Submit an **\$85.00** non-refundable application-processing fee, made payable to "DOPL."

**If you are applying for licensure as a certified social worker intern (CSWI), complete the following in addition to submitting a completed application:**

1. Submit original transcripts documenting completion of the education requirements — as outlined on page 9 of this application.
2. Submit an **\$85.00** non-refundable application-processing fee, made payable to "DOPL."

**If you are applying for licensure as a certified social worker (CSW), complete the following in addition to submitting a completed application:**

1. Submit original transcripts documenting completion of the education requirements — as outlined on page 9 of this application.
2. Submit a copy of the original score report from the testing agency documenting your passing score on the ASWB Intermediate, Advanced, or Clinical Examination.

If you passed the ASWB Intermediate, Advanced, or Clinical Examination in another state, use the "Request For Verification of License" form (attached to this application) to document your passing scores.

Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application.

3. Submit a **\$120.00** non-refundable application-processing fee, made payable to "DOPL."

**If you are applying for licensure as a clinical social worker (LCSW), complete the following in addition to submitting a completed application:**

1. Submit original transcripts documenting completion of the education requirements — as outlined on page 9 of this application.

2. Submit a completed “Verification of Clinical Social Work and Mental Health Therapy Training (LCSW)” form (attached to this application). You do not have to complete this form if you are applying for licensure by endorsement.
3. Submit a copy of the original score report from the testing agency documenting your passing score on the ASWB Clinical Examination.
4. If you passed the ASWB Clinical Examination in another state, use the “Request For Verification of License” form (attached to this application) to document a passing score.

Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application.

5. Submit a **\$120.00** non-refundable application-processing fee, made payable to “DOPL.”

**If you are applying for licensure as an LCSW by endorsement (current licensure in another state), complete the following in addition to submitting a completed application:**

1. Using the “Request For Verification of License” form (attached to this application), obtain verification of licensure from a state in which you are currently licensed as an LCSW documenting at least 2 years of licensure.

Request that the verifying state(s) complete the form(s) and mail or fax them directly to the Division or return them to you for submission with your application.

2. Submit documentation showing that you have been actively engaged in the lawful practice as an LCSW, including mental health therapy for not less than 4,000 hours during the three years, immediately preceding the application for licensure in Utah.
3. Submit a **\$120.00** non-refundable application-processing fee, made payable to “DOPL.”

#### **ADDITIONAL IMPORTANT INFORMATION:**

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your social work practice in the state of Utah. The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov).

- ☐ Division of Occupational & Professional Licensing Act
- ☐ General Rules of the Division of Occupational & Professional Licensing
- ☐ Mental Health Professional Practice Act
- ☐ Mental Health Professional Practice Act Rules
- ☐ Social Work Licensing Act Rules

You may also purchase them for a fee from Experior at 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

2. **Current Documents:** Applications, statutes and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.
3. **Code of Ethics:** Licensees are required to abide by the Code of Ethics of the National Association of Social Workers (NASW): [www.socialworkers.org](http://www.socialworkers.org).
4. **Knowledge of Other Statutes:** In addition to the licensing statute and rules listed above, mental health professionals may be subject to a number of other Utah statutes—including, but not limited to—those listed below. These statutes may affect your practice and you are obligated to understand and follow them. The following statutes may be reviewed on the Utah Legislature web site at [www.leg.state.ut.us](http://www.leg.state.ut.us):

A. Utah Health Code, Title 26, particularly:

- Section 26-6-6. Duty to report individual suspected of having communicable disease.
- Chapter 25 -- Confidential Information Release

B. The Utah Human Services Code, Title 62A, particularly:

- Section 62A-3-305. Reporting requirements -- Investigation -- Immunity -- Violation -- Penalty -- Physician-patient privilege -- Nonmedical healing.
- Section 62A-4a-403 - Reporting requirements regarding incest, molestation, sexual exploitation, sexual abuse, physical abuse, or neglect of a child.
- Section 62A-15-702. Treatment and commitment of minors in the public mental health system

C. The Utah Judicial Code, Title 78, particularly:

- Chapter 03c -- Confidential Communications for Sexual Assault Act
- Chapter 3e -Reporting School-Related Controlled Substance Abuse
- Chapter 14 - Utah Health Care Malpractice Act
- Chapter 14a - Limitation of Therapist's Duty to Warn
- Section 78-25-25 -Patients' records -- Inspection and copying by attorneys.

D. Utah Rules of Evidence Rule 506 - Physician and mental health therapist-patient, which can be viewed on the Utah Courts web site at [www.utcourts.gov](http://www.utcourts.gov).

5. **ASWB Examinations:** To register to take the ASWB qualifying examination for licensure as a SSW, CSW, or LCSW, go to the ASWB website at [www.aswb.org](http://www.aswb.org) or call toll-free: 1-888-5SW-EXAM.
6. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
7. **90-Day Student Exemption:** A student, working towards a master of social work, who has been working in an internship program, for college credit, under the supervision of an LCSW and qualified faculty, may request a 90-day extension of the student exemption after faculty supervision ends. This allows a maximum of 90 days after graduation, during which time the student may take and pass the examination required for licensure and obtain official transcripts that must be submitted with an application for licensure.

This extension is limited to a student continuing to work for the same agency and under the same supervision in which the internship was completed and allows a maximum of 90 days after graduation to obtain a CSW license.

**This extension is not renewable or transferable.** After the 90-day extension expires, it is unlawful conduct for the student to engage in activity requiring a license unless a license has been granted.

The form to request this 90-day student extension is available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov). (Look under “Additional Information” on the Social Work page.) You may also contact the Division for this form.

8. **MSW Graduates With Administrative Track:** If you completed the CSWE accredited masters degree program with the “Administrative Track” instead of the “Clinical Track,” you qualify for the CSW license, but you are prohibited from engaging in the supervised or unsupervised practice of mental health therapy and do not qualify for licensure as an LCSW.
9. **Certified Social Worker Intern:** An intern license is issued to an applicant who has earned a master’s or doctoral degree in social work from a CSWE accredited program. An Intern license is limited to the time necessary to pass the examinations required or six months – whichever occurs first. **This license is not renewable.** If you do not pass the examination and obtain a CSW license within the six-month period, your right to practice will expire until and unless you meet the requirements for licensure as a CSW.
10. **Supervised Training for LCSW:** You must complete a minimum of 4,000 hours of clinical social work training in not less than two years. Of these hours, 1,000 hours must be supervised training in mental health therapy and not less than 100 hours must be direct personal face-to-face supervision.
11. **License Renewal:** All social work licenses expire on September 30 of each even-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the license. Renewal information is disseminated to each licensee at the licensee's last known address, as provided to the Division, approximately two months prior to the expiration date shown on the license.

12. **Continuing Education:** Beginning January 1st of each even-numbered year, persons licensed as an LCSW must complete 40 hours of continuing education every two years. Persons licensed as a SSW or CSW are not required to complete continuing education. Please refer to the Social Work Licensing Act Rules for specific requirements.
13. **Foreign Educated Applicants:** Foreign educated applicants applying for licensure, should have their social work education program reviewed for equivalency by contacting the CSWE "Foreign Equivalency Determination Committee" at [www.cswe.org](http://www.cswe.org) or (703) 519-2065. Submit the letter of equivalency from CSWE with your license application.
14. **Updating Address Information:** It is a licensee's responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
15. **Name Change:** If you have been licensed by the Division under any other name, please submit documentation of your name change such as a copy of your marriage license or divorce decree.
16. **Mail Complete Application to:**  

**By U.S. Mail**  
Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
**By Delivery or Express Mail**  
Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111
17. **Telephone Numbers:** (801) 530-6628  
(866) ASK-DOPL – Toll-free in Utah  
(866) 275-3675
18. **Fax Number:** (801) 530-6511

# APPLICATION FOR LICENSURE

## GENERAL INFORMATION

License Applying For: \_\_\_\_\_ Social Service Worker (SSW)  
\_\_\_\_\_ Certified Social Worker Intern (CSWI)  
\_\_\_\_\_ Certified Social Worker (CSW)  
\_\_\_\_\_ Clinical Social Worker (LCSW)  
\_\_\_\_\_ Clinical Social Worker (LCSW) by Endorsement

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Have You Ever Held A Utah License Before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Gender (Male or Female): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## MAILING ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

## DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason For Denial/Other Comments: \_\_\_\_\_

**EDUCATION REQUIREMENT:** (Use additional sheets if necessary.)

1. School Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ To \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
Degree Received: \_\_\_\_\_
  
2. School Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ To \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
Degree Received: \_\_\_\_\_
  
3. School Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ To \_\_\_\_\_ Date of Graduation: \_\_\_\_\_  
Degree Received: \_\_\_\_\_

**PROFESSIONAL RESPONSIBILITY:**

I have read the statutes and rules governing my professional practice — including the licensing statutes and rules identified in paragraphs 1 and 3 of “Additional Important Information” in this application. I understand that I must confine my practice to that which is permitted by law. I also understand that if my request for licensure is granted, disciplinary action may be taken against my license for unlawful or unprofessional conduct.

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_\_\_



**IF YOU ARE APPLYING FOR LICENSURE AS A CSWI, CSW, OR LCSW,  
COMPLETE THIS SECTION:**

Answer “yes” or “no.”

\_\_\_\_\_ I have an earned master’s degree in social work from a Council on Social Work Education (CSWE) accredited program that included a **clinical concentration and practicum** as part of the degree requirements.

**If your answer is “NO” you are prohibited by law from engaging in the supervised or unsupervised practice of mental health therapy even if you have a CSW license.**

**IF YOU ARE APPLYING FOR LICENSURE AS AN SSW, COMPLETE THIS SECTION:**

Answer “yes” or “no.” Do not leave any question blank.

1. \_\_\_\_\_ I have a bachelor degree in social work from a CSWE accredited program.
2. \_\_\_\_\_ I have a master’s degree in social work, psychology, marriage and family therapy, or professional counseling.
3. \_\_\_\_\_ I have completed the first academic year of a master’s degree in social work from a CSWE accredited program.
4. \_\_\_\_\_ I have a bachelor degree in sociology, psychology, or family sciences **and** have completed the required 2,000 hours of experience under the supervision of a CSW or LCSW.
5. \_\_\_\_\_ I have a bachelor’s degree in any field **and** have completed the required 2,000 hours of experience under the supervision of a CSW or LCSW **and** have completed 3 hours in full-life human growth behavior **or** 3 hours in abnormal psychology **or** 3 hours in social work value and ethics **or** 3 hours in social welfare **or** 3 hours in social welfare policy **and** a social work practice methods course.
6. \_\_\_\_\_ I have a bachelor degree in any field **and** have completed an equivalent training program previously approved by the Division **and** have completed the required 2,000 hours of experience under the supervision of a CSW or LCSW.

**EXAMINATION REQUIREMENT:**

Answer “yes” or “no.” Do not leave any question blank.

\_\_\_\_\_ ASWB Clinical Exam -- Date Taken: \_\_\_\_\_

\_\_\_\_\_ ASWB Advanced Exam -- Date Taken: \_\_\_\_\_

\_\_\_\_\_ ASWB Intermediate Exam -- Date Taken: \_\_\_\_\_

\_\_\_\_\_ ASWB Basic Exam -- Date Taken: \_\_\_\_\_

\_\_\_\_\_ Other, please specify: \_\_\_\_\_ Date Taken: \_\_\_\_\_

**LICENSES:**

List all licenses, registrations, or certifications issued by any state which you now hold or have ever held in any health care profession. Use additional sheets if necessary.

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**PROFESSIONAL EXPERIENCE FOR LICENSURE AS AN LCSW BY ENDORSEMENT:**

Answer “yes” or “no.”

\_\_\_\_\_ Within the past three (3) years, I have completed 4,000 hours of active practice as a licensed clinical social worker, including mental health therapy.

**Please list your most recent position first.** (Attach additional pages if necessary.)

1. Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Responsible Individual Who Can Verify Your Work Experience:

\_\_\_\_\_ Phone: \_\_\_\_\_

Inclusive Dates of Experience: From: \_\_\_\_\_ To: \_\_\_\_\_

Clinical Social Work Hours Worked Each Week: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_

Mental Health Therapy Hours Worked Each Week: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_

Primary Responsibilities and Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Responsible Individual Who Can Verify Your Work Experience:

\_\_\_\_\_ Phone: \_\_\_\_\_

Inclusive Dates of Experience: From: \_\_\_\_\_ To: \_\_\_\_\_

Clinical Social Hours Worked Each Week: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_

Mental Health Therapy Hours Worked Each Week: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_

Primary Responsibilities and Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Responsible Individual Who Can Verify Your Work Experience:

\_\_\_\_\_ Phone: \_\_\_\_\_

Inclusive Dates of Experience: From: \_\_\_\_\_ To: \_\_\_\_\_

Clinical Social Hours Worked Each Week: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_

Mental Health Therapy Hours Worked Each Week: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_

Primary Responsibilities and Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# SOCIAL WORK QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. \_\_\_\_\_ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
7. \_\_\_\_\_ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
8. \_\_\_\_\_ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
9. \_\_\_\_\_ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
10. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
11. \_\_\_\_\_ Have you been named as a defendant in a malpractice suit?

*(Questions continue on following page.)*

12. \_\_\_\_\_ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
13. \_\_\_\_\_ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
14. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
15. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
16. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
17. \_\_\_\_\_ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
18. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
19. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
20. \_\_\_\_\_ Have you ever been **arrested for or charged with** a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
21. \_\_\_\_\_ Have you ever been **arrested for or charged with** a felony in any jurisdiction?
22. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
23. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?

*(Questions continue on following page.)*

24. \_\_\_\_\_ Have you ever been allowed to plea guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)?
25. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction?

**If you answered “yes” to questions 20, 21, 22, 23, 24, or 25 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

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**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.**

# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure or certification or registration in the State of Utah.

I am qualified in all respects for the license/certificate/registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_



Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: 801-530-6511

## REQUEST FOR VERIFICATION OF LICENSE

**(Use this form to verify licensure from another state, if applicable.)**

### TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to a state in which you are currently licensed as a social worker. Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application.

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting licensure in the state of Utah as a/an \_\_\_\_\_

I am/have been licensed in your state under the name \_\_\_\_\_

My social security number is \_\_\_\_\_

My date of birth is \_\_\_\_\_

My license number in your state is/was \_\_\_\_\_

I have enclosed the necessary license verification fee in the amount of \$ \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

### TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail or fax it directly to the Division or place the completed form in a sealed envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

*(Continued on the reverse.)*

Name of Verifying State: \_\_\_\_\_

Name of Licensee (as it appears in verifying state's records): \_\_\_\_\_

Classification of License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Continuously Licensed:

\_\_\_\_\_ Yes \_\_\_\_\_ No, please explain: \_\_\_\_\_

Licensed By:

\_\_\_\_\_ Exam, Type: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Endorsement: from what state? \_\_\_\_\_

Examination Scores:

ASWB Basic: \_\_\_\_\_ Date: \_\_\_\_\_

ASWB Intermediate: \_\_\_\_\_ Date: \_\_\_\_\_

ASWB Advanced: \_\_\_\_\_ Date: \_\_\_\_\_

ASWB Clinical: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Score: \_\_\_\_\_ Date: \_\_\_\_\_

Education Required for Licensure: \_\_\_\_\_

Disciplinary Action or Pending Disciplinary Action:

\_\_\_\_\_ No \_\_\_\_\_ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

(SEAL)

Division of Occupational & Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84111-6741  
Fax: 801-530-6511

## **VERIFICATION OF SUPERVISED EXPERIENCE FOR LICENSURE AS A SOCIAL SERVICE WORKER**

### **TO BE COMPLETED BY THE CSW OR LCSW SUPERVISOR:**

Name of Applicant (person being supervised): \_\_\_\_\_

Name of CSW or LCSW Supervisor: \_\_\_\_\_

Supervisor's CSW or LCSW License Number: \_\_\_\_\_

Name of Facility Where CSW or LCSW Supervisor Works: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Describe your CSW or LCSW duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the applicant an employee of the agency where supervision took place? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of facility where social work training took place: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Did supervision take place at your place of employment? Yes \_\_\_\_\_ No \_\_\_\_\_

*(Continued on the reverse.)*

If supervision did not take place at your place of employment, describe how you were able to provide supervision:

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Inclusive Dates of Supervision: From: \_\_\_\_\_ to \_\_\_\_\_

Number of hours applicant worked each week: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_

I do hereby certify that the applicant for licensure as a social service worker has successfully completed the above hours of a post-graduate supervised qualifying experience.

I further certify that the applicant:

\_\_\_\_\_ is qualified and competent to practice as a licensed social service worker.

\_\_\_\_\_ is not qualified and competent to practice as a licensed social service worker, please explain the nature of the problem and recommendation for remediation. Attach additional sheets if necessary.

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Signature of Supervisor: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
Fax: 801-530-6511

## **VERIFICATION OF CLINICAL SOCIAL WORK AND MENTAL HEALTH THERAPY TRAINING (LCSW)**

**TO BE COMPLETED BY THE CLINICAL SOCIAL WORKER SUPERVISOR:**

Name of Applicant: \_\_\_\_\_ License Number: \_\_\_\_\_

Name of LCSW Supervisor: \_\_\_\_\_ License Number: \_\_\_\_\_

Issue Date of Supervisor's LCSW License: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Work Address of LCSW Supervisor: \_\_\_\_\_

Phone Number of LCSW Supervisor: \_\_\_\_\_

Number of years of fulltime experience as an LCSW prior to beginning supervision: \_\_\_\_\_

Describe your duties and responsibilities in your current position as an LCSW supervisor:

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List the name and license number of other CSWs you currently supervise:

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Is the applicant you supervise an employee of the agency where supervision took place?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of facility where the clinical social work and mental health therapy training took place:

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Address of Facility: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*(Continued on the reverse.)*

Describe the duties and responsibilities of the CSW:

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Did supervision take place at your place of employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If supervision did not take place at your place of employment, describe how you were able to provide supervision in accordance with the supervisor requirements set forth in statute and rule.

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Inclusive Dates of Supervision: From: \_\_\_\_\_ to \_\_\_\_\_

Total hours of supervised training in clinical social work: \_\_\_\_\_

Total hours of supervised training in mental health therapy: \_\_\_\_\_

Total hours of direct personal face-to-face supervision: \_\_\_\_\_

I do hereby certify that the applicant for licensure as a clinical social worker satisfactorily completed the above hours. I further certify that the applicant:

\_\_\_\_\_ is qualified and competent to practice mental health therapy as a licensed clinical social worker.

\_\_\_\_\_ is not qualified and competent to practice mental health therapy as a licensed clinical social worker. If "no," please explain the nature of the problem and recommendation for remediation. (Attach additional sheets if necessary.)

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Signature of Supervisor: \_\_\_\_\_

Date of Signature: \_\_\_\_\_